

# CLAIMS ONLY

Application Number

10/710,670

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1		1				51					
2		1		1			52					
3		1		1			53					
4		1		1			54					
5		1		1			55					
6		1		1			56					
7		1		1			57					
8	1						58					
9		1					59					
10		1					60					
11		1					61					
12							62					
13							63					
14							64					
15							65					
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17							67					
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36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	2		1				Total Indep					
Total Depend	9		6				Total Depend					
Total Claims	11		7				Total Claims					